

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**  
*See "Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF <b>United States of America</b>	COURT CASE NUMBER <b>2:20-cv-06208</b>
DEFENDANT <b>SANDRA J. WEAVER</b>	TYPE OF PROCESS POSTING

**SERVE  
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**SANDRA J. WEAVER**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP code)

**8533 Hickory Hill Road Oxford, PA 19363**

SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
KML Law Group, P.C. 701 Market St. Suite 5000 Philadelphia, PA 19106	Number of parties to be served in this case	1
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers and Estimated Times Available for Service)

Please post premises by 9/19/2021.

Signature of Attorney other Originator requesting service behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 215-627-1322	DATE 9/8/21
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 66	District to Serve No. 66	Signature of Authorized USMS Deputy or Clerk <i>M. Helmsky</i>	Date 9/8/2021
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 9/16/21
	Time 2:00 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
	110 R/T. 56		61.60		\$0.00 61.60

REMARKS: \* 61.60

**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED